

American Journal of Bioethics

Reviewer: DeGrazia

Title: Personhood and Neuroscience: Naturalizing or Nihilating?

First Author: Farah, Martha and Andrea Heberlein

Citation: American Journal of Bioethics 2007; 7: 37-48

Summary: Taking personhood to play a foundational role in ethics, the authors discuss attempts to define this concept by appeal to psychological criteria and attempts to identify a natural kind, persons, by way of neuroscience. Both efforts, they argue, prove fruitless. The reason is that the concept of personhood doesn't correspond to any natural category; rather, it's a projection of an innate, specialized human capacity to recognize human faces and bodies and to dichotomize the world into persons and nonpersons. A moral consequence of this realization, they conclude, is a move towards utilitarianism and the moral weighing of all interests, not only those of persons. (While I'm sympathetic to several theses defended in this interesting, empirically rich discussion, I am troubled by such shortcomings as (1) failure to discuss the possibility of conceptualizing personhood as a cluster concept, (2) failure to appreciate that a neuroscientific search for a natural kind of persons can't get off the ground if the concept of personhood is (as they claim) inadequately unpacked, and (3) frequent conflation of the concepts of person and Homo sapiens.)

Reviewer:

Title: Ethics of the Social Determinants of Health

First Author: Ruger, JP

Citation: American Journal of Bioethics 2007; : 1092-1097

Summary: Reviews and critiques the justice as fairness approach to the social determinants of health. Proposes as alternative Sen's Aristotelian "capabilities" approach, which sees health as having both constitutive and instrumental value. Lays out 5 recommendations generated by this approach (at times, I suspected that the distinction between the capabilities approach/recommendations and justice as fairness resulted from strawman conception of the latter).

Primary critique of justice as fairness: it promotes a "resource orientation" in public policy rather than a "results orientation" and thereby neglects both the intrinsic value of health and the need for a truly broad--i.e. Not exclusively government-based--approach to sdh.

Reviewer: Litton, Paul

Title: Clinical Ethics and the Road Less Taken: Mapping the Future by Tracking the Past

First Author: Rubin, S., and Zoloth, L.

Citation: American Journal of Bioethics 2004; Summer: 218-225

Summary: Based on their work in clinical ethics consultation, the authors make a number of recommendations to the field. For example, they advocate the use of committees, instead of individual "experts" or smaller sub-committees, for clinical ethics consultations, because, in part, committees provide a broad range of moral perspectives. They also call for certain academic work concerning the nature of the field. For example, they argue that clinical ethics should be interdisciplinary, but the identity of the "clinical ethicist" should be clarified; and that the goal of clinical ethics should be to heighten awareness of moral dilemmas and to provide guidance, not to negotiate them away.

Reviewer: DeGrazia

Title: The Neurobiology of Addiction: Implications for Voluntary Control of Behavior

First Author: Hyman, Steven

Citation: American Journal of Bioethics 2007; 7: 8-11

Summary: Hyman examines implications of recent thinking about reward, cognitive control, and the pathophysiology of addiction for insights into the voluntary control of behavior. Is addiction a brain disease, a moral failing, or partially both? Whereas earlier views on addiction focused on pleasure seeking and avoidance of withdrawal symptoms--compatible with a picture of rational choice and control--more recent models focus on compulsive use despite anticipation of great negative consequences, suggesting some significant degree of irrationality and loss of control (despite the deliberateness of drug-seeking behavior). The picture Hyman suggests is that, whereas dopamine flow to the prefrontal cortex is sensitive to the degree of a particular reward (e.g., food), whether it's unexpected or expected, etc.--facilitating survival-enhancing learning--in addicts drugs short-circuit the usual controls over dopamine release that compare one's current situation with prior experience. So every use of the drug is overvalued, leading an agent to override her usual priorities. (A truly outstanding discussion.)

American Journal of Public Health

Reviewer: carrie

Title: Racial and ethnic differentials in overweight and obesity among 3-year-old children

First Author: Kimbro RT

Citation: American Journal of Public Health 2007; 97: 298-305

Summary: Based on a 2271 sample of children born to a cohort of unwed parents, the authors conclude that obesity trends are evident as early as 3 years of age. Kimbro et al. find that Hispanic 3-year olds are significantly more likely to be obese and overweight than white or African-American children. Birthweight, bottlefeeding in bed, and maternal weight were significant factors. The authors suggest that the high rates of overweight and obesity (44%) among Hispanics may be due to cultural ideas of chubbiness equating with infant health.

Reviewer: Carrie

Title: Paternalism and its discontents: Motorcycle helmet laws, libertarian values, and public health

First Author: Jones, MM

Citation: American Journal of Public Health 2007; 97: 208-217

Summary: This is a largely historical review. Outlines the 1960s partially Nader-inspired movement to require motorcycle helmets, 1970s biker-led (one lobbying group was called A Brotherhood Against Totalitarian Enactments) repeals based on discrimination and liberty infringement/right to choose claims (which at least MA rejected by pointing to other-regarding harms of accidents), the early 1989 returns to helmets with the National Highway Fatality and Injury Act, and the second repeal under a Gingrich-led Congress in 1995. Jones and Bayer conclude that libertarian arguments are highly persuasive in the US despite obvious public health implications. They suggest that attempts to support such laws would get the most traction by appealing directly to paternalism, rather than relying on claims about use of health care resources or dangers to other drivers.

Reviewer: carrie

Title: The impact of cost on the availability of fruits and vegetables, in the homes of schoolchildren in Birmingham, Alabama

First Author: Ard JD

Citation: American Journal of Public Health 2007; 97: 367-372

Summary: Ard et al. survey parents of 1355 children in Birmingham Alabama about whether they had 27 vegetables and fruit in the house in the preceding 2 weeks. They find that higher vegetables and fruits are less likely to be available, and that African Americans, higher income (to some degree, and having a female daughter are positively associated with increased vegetable activity. The authors note that omission of quantity nutritional value data, as well as use of per serving rather than per weight costs are limitations. But they don't seem to take into account the effects of seasonality. Given their results, Ard et al. state that vegetable availability cannot account for all of the variation in obesity patterns, highlighting the role of food preparation as a key factor.

Annals of Internal Medicine

Reviewer: Varma

Title: The Effectiveness of a Primer to Help People Understand Risk

First Author: Woloshin, Steven

Citation: Annals of Internal Medicine 2007; 146: 256-265

Summary: This paper reports two randomized trials of a booklet intended to improve people's ability to understand risk data. The "high SES" trial included 334 adults attending a lecture series at Dartmouth Medical school, and the "low SES" trial included 221 patients and patient family members recruited at a VA hospital. Within each trial, participants were randomized to receive either the risk data primer or a general health information booklet by mail, along with a survey incorporating questions to test understanding of medical statistics. In both trials, the group receiving the primer had higher average scores and a higher rate of "passing" scores on the statistics interpretation test than the control group. However, the primer did not increase participants' confidence in their understanding of medical statistics. Limitations of the study include a significantly lower response rate in the primer group than the control group (in both trials), the fact that most participants were white and native English-speakers, and the lack of information about whether and how the primer affected medical decision making.

Reviewer: Adikes

Title: The Primary Care - Specialty Income Gap: Why It Matters

First Author: Bodenheimer, T

Citation: Annals of Internal Medicine 2007; 146: 301-306

Summary: The authors argue that the primary care-specialty income gap matters especially because it is dissuading medical students from entering primary care careers. Additionally, the low costs of office visits requires physicians to schedule many, short appointments to remain financially stable. With technological advancements, many specialists can perform more expensive procedures quickly, but shorter office visits actually reduce the quality of care. Need for change was emphasized by overwhelming patient value for primary care physicians who know their medical problems. However, prospects for change may be limited by the fact that the Relative Value Scale Update Committee (RUC) trends toward favoring payment for procedures, partly, the article suggests, due to the fact that the RUC voting members are predominantly specialists.

Archives of Internal Medicine

Reviewer: Lev

Title: Promoting the Career Development of Women in Academic Medicine

First Author: Nattinger, Ann

Citation: Archives of Internal Medicine 2007; 167: 323-324

Summary: This editorial discusses reasons for why women in academic medicine positions are not being promoted to more senior positions in the same rate men are. The article points to reasons such as poorer initial recruitment packages, smaller lab space, secretary help and start up funds. A further issue that impact women more than men is child-rearing responsibilities. The article then very briefly discusses ways to address these issues.

Reviewer: Namrata Kotwani

Title: Disparities in Colon Cancer Screening in the Medicare Population

First Author: Ananthakrishnan AN, Schellhase KG et al

Citation: Archives of Internal Medicine 2007; 167: 258-264

Summary: Colorectal cancer is the third most common cancer in the United States, but the rate of screening remains low. Since 2001, Medicare has provided coverage of colonoscopy for colorectal cancer screening in individuals at average risk, but little is known about the effect of this coverage on screening or disparities in screening practices. Authors performed multivariate logistic regression analysis to calculate the effects of sex, racial/ethnic, and socioeconomic characteristics on screening. They also looked for interactions between socioeconomic and demographic variables. Nonwhite persons were less likely to be screened for colorectal cancer than were white persons. Higher income level was associated with screening colonoscopy in white patients but not in nonwhite patients. The authors suggest that significant disparities between sex and racial/ethnic groups in screening practices remain despite the expansion of Medicare coverage for colorectal cancer screening.

British Medical Journal

Reviewer: Sara H.

Title: Bird Flu and Transparency

First Author: Godlee Fiona

Citation: British Medical Journal 2007; 334: 10-10

Summary:

Reviewer: Arnon

Title: Research Ethics: Doubts over head injury studies

First Author: Roberts, I., Smith, R., et. al

Citation: British Medical Journal 2007; 334: 392-394

Summary: The paper discusses concerns raised about possible fraud Dr. J. Cruz's studies comparing high doses with conventional doses Mannitol in the treatment of head injuries (which are the only clinical trials comparing the two treatments). Dr. Cruz has committed suicide in 2006, and the paper details difficulties in determining the veracity of his data through correspondence with coauthors, journal editors and academic institutions. An editorial by Charles Young and Fiona Godlee discusses the significance of proper response by academic institutions to concerns about possible fraud.

Reviewer: Sara H.

Title: Abortion Act--Where Do We Draw the Line

First Author: Gornall, Jonathan

Citation: British Medical Journal 2007; 334: 285-289

Summary: Freelance journalist's take on the 40th Anniversary of the UK Abortion Act, ending with analysis of current proposals for modifying the upper limit (re. week of pregnancy in which abortion are allowed).

Reviewer: Arnon

Title: News: NHS pays £500m too much for prescription drugs

First Author: Mayor, S.

Citation: British Medical Journal 2007; 334: 383-383

Summary: The Office of Fair Trading issued a report stating that the NHS overpays £500m for prescription drugs, primarily b/c of use of expensive drugs where alternatives exist that would deliver a similar results for patients for a lesser price. The report recommends changing to value based pricing scheme, in which the prices paid by the NHS reflects the therapeutic benefits of the drug.

Reviewer: Chwang

Title: Implications of data protection legislation for family history

First Author: Lucassen, Anneke

Citation: British Medical Journal 2006; 332: 299-301

Summary: "There should be no requirement to obtain consent from all the family members described in a... [family history]." This is because the clinical benefits and public interest in confidentiality outweigh arguments about fair processing.

Reviewer: DeGrazia

Title: Is doctors' self interest undermining the NHS?

First Author: Maynard, A. and Laurence Buckman

Citation: British Medical Journal 2007; 334: 234-235

Summary: Maynard answers the question in the title affirmatively, stressing that UK earnings for general practitioners and consultants have risen to over L100,000 with little evident improvement in clinical performance or patient outcomes. He therefore calls for more linking of reward to measureable performance. Buckman answers the question negatively, seeing good pay as necessary for morale and noting that remuneration is less in the NHS than in equivalent private-sector jobs. "If [NHS] patients want a health service round the clock delivered to a high standard by sufficient doctors or acceptable calibre," he concludes, "then they have to pay taxes for it." (Interesting exchange.)

Reviewer: Sara H.

Title: Role of non-governmental organisations in physician assisted suicide

First Author: Zeigler SJ

Citation: British Medical Journal 2007; 334: 295-298

Summary:

Reviewer: DeGrazia

Title: Are those who subscribe to the view that early embryos are persons irrational and inconsistent? A reply to Brock

First Author: Deckers, J.

Citation: British Medical Journal 2007; 33: 102-106

Summary: NB: This is from J Med Ethics.

This article replies to one published in the same journal by Dan Brock, who argues that (1) those who attribute full moral status or personhood to the early embryo are likely to have inconsistent beliefs, and (2) this view is likely irrational if held from a religious perspective. Deckers responds in detail to Brock's arguments, contending that a sort of agnosticism regarding incompatible views about religion is more rational than either dogmatism (with which he charges Brock) or relativism. He also stresses a distinction between internal rationality and external rationality. (Not a great discussion, but author replies well to some of Brock's arguments and shows that Brock begs some important questions.)

Reviewer: DeGrazia

Title: Reproductive cloning, genetic engineering, and the autonomy of the child: the moral agent and the open future

First Author: Mameli, M.

Citation: British Medical Journal 2007; 33: 87-93

Summary: The author challenges two grounds for criticizing reproductive cloning and genetic engineering: (1) the thesis that the autonomy of persons produced by these means will be undermined by knowledge of how they were produced, and (2) the thesis that use of these technologies violates the resulting child's right to an open future. (The author's detailed rebuttals are generally persuasive but not very novel.)

Reviewer: DeGrazia

Title: IQ in childhood and vegetarianism in adulthood: 1970 British cohort study

First Author: Gale, C. et al.

Citation: British Medical Journal 2007; 334: 100-105

Summary: In this British study, thousands of men and women were tested for IQ at age ten and then interviewed at age 30 regarding whether they were vegetarian. Higher IQ at age 10 was associated with a greater likelihood of being vegetarian at 30. Statistical significance remained after adjustment for social class, academic or vocational qualifications, and sex. Exclusion of those who ate fish or chicken but self-identified as vegetarian had little effect on the strength of the association. (Interesting finding, but the more interesting question about the cause of the correlation was not tackled.)

Reviewer: Adikes

Title: WHO'S FUNDING WHO?

First Author: Day, M

Citation: British Medical Journal 2007; 334: 338-345

Summary: There is evidence to suggest that WHO may be indirectly and knowingly receiving funds from the pharmaceutical industry through patient advocacy organizations. Though WHO guidelines forbid accepting such funds, suspicious emails sent from WHO senior officials suggest that WHO has accepted money from patient organizations that was previously donated to the NGOs from pharmaceutical companies. This violation may partly result from under-funded WHO projects. Not only does this potential violation of the regulations signal extreme funding pressures, but it also reveals how intricately linked many health organizations are to the pharmaceutical industry. The senior officials deny any intention of violating the WHO guidelines.

Reviewer: Adikes

Title: When are randomized trials unnecessary? Picking signal from noise

First Author: Glasziou, P

Citation: British Medical Journal 2007; 334: 349-351

Summary: The authors create different criteria to identify treatments that may not require randomized trials. If the treatments outcomes are so dramatic that they diminish the potential impact of biases, the effectiveness of the treatment may be determined without randomized trials. They propose ratios to help determine if this is case: treatment effects are considered large enough if the treatment effect (signal) to natural outcome (noise) ratio is above 10.

Reviewer: Adikes

Title: Uninsured in America: problems and possible solutions

First Author: Davis, K

Citation: British Medical Journal 2007; 334: 346-348

Summary: The article begins with an outline of the US public private health system and of well-known, but largely unsettling trends: 47 million uninsured in 2005, growth in uninsured mostly among working people aged 18-64, enactment of SCHIP to provide insurance for 5 million children, and the IOM estimate that 18000 lives are lost to gaps in coverage. Other consequences of gaps in the market-based system include underuse of effective services, underuse of necessary care, and increased use of emergency rooms and inpatient hospitals. Davis attributes the likely prospect that the system will not change to the lack of advocacy for the uninsured, lack of bipartisan action, tax cuts, and the fee for service payment system. State initiatives are acknowledged as possible, feasible approaches to the problem, but they too will require organized federal funding.

Reviewer: Adikes

Title: Are We Spending Too Much on HIV?

First Author: England, Roger

Citation: British Medical Journal 2007; 334: 344-345

Summary: Roger England argues that the money spent on HIV is disproportionate to its impact on population health, particularly in comparison to other diseases that lead to a greater number of DALYs lost. He argues that HIV interventions are also not as effective as interventions for other diseases when compared for DALYs averted and that, therefore, more money should be allocated to interventions with "more certain benefits". England further asserts that HIV interventions should be better integrated into regular health systems and that greater investment should be dedicated to improving overall health systems.

In a response, Paul de Lay, Robert Greener, and Jose Antonio Izazola assert that HIV interventions have actually been underfunded and that failure to adequately provide for the many programs needed to prevent, treat, and support people with HIV/AIDS will be catastrophic both economically and with regard to public health.

Reviewer: Adikes

Title: Dying woman seeks backing to hasten death

First Author: Dyer, C

Citation: British Medical Journal 2007; 334: 329-329

Summary: The report discusses a 30 year old woman with Eisenmenger's syndrome and Klippel-Feil syndrome who has asked to be sedated into unconsciousness by morphine. She was on the waiting list for a heart and lung transplant for 10 years, but is now too weak to undergo transplantation. Her doctors feel that increasing her dosage of morphine would constitute euthanasia. Her case will be heard in court on March 26, 2007.

Hastings Center Report

Reviewer: Heyd, David

Title: "Unscientific Ethics: Science and Selective Ethics"

First Author: Benatar, David

Citation: Hastings Center Report 2007; 37: 30-32

Summary: When scientists encounter a discord between their scientific practice and their ethical views they can either abandon their scientific practice (which is very uncommon) or ignore their moral principles (which is also not that common), or adapt their ethical view to the scientific enterprise (which is quite common, according to the author). The short article presents the personal experience of the author, who was invited to contribute a paper on the ethics of research on primates for a collection on the subject. The article was eventually rejected by the editors due to the author's general reservations about the ethics of using primates in laboratory experiments. The arguments used by the editors appealed to the ethical one-sidedness of the article but seemed to have been a rationalization of a scientific interest which came into conflict with a well-grounded ethical view.

Reviewer: Heyd, David

Title: "'Nanothics'? What's New?"

First Author: Litton, P.

Citation: Hastings Center Report 2007; 37: 22-25

Summary: Manipulating matter on nano-scale may grant us unpredictable power to reshape nature by creating new materials out of existing materials This would obviously have medical applications which can be far-reaching. But of course, like any revolutionary technology, it raises issues of safety, environmental costs, justice in access and other social costs. The author, however, argues that none of these ethical issues is novel or unique to nano-technology and that due to the merely speculative predictions we can make now regarding the uses of this technology the main ethical principle which should guide us is caution.

Reviewer: Denny

Title: Are Alcoholics Less Deserving of Liver Transplants?

First Author: Brudney, Daniel

Citation: Hastings Center Report 2007; 37: 41-47

Summary: Brudney uses the paradigmatic case of liver transplants for alcoholics to examine the wider issue of how to view medical treatment for conditions that are at least partially self-inflicted. He argues that such self-destructive behavior should only affect one's care if it can be shown that the patient knew that his/her behavior would have negative effects on others and continued with the behavior anyway. Thus, as most alcoholics do not know the current transplant situation in this country, they should not be placed further down the waiting list.

Reviewer: Heyd, David

Title: "Patents, Biomedical Research, and Treatments

First Author: Johnston, Josephine and Wasunna, Angela

Citation: Hastings Center Report 2007; 37: S2-S36

Summary: This is a very long and detailed article about the role of patents in biomedical research, particularly on genes, on stem cells and on HIV drugs. It has a good historical survey of the subject, but it is mostly devoted to the examination of the effectiveness of patenting. It argues that patenting, although not always the wrong strategy to maintain a sufficient incentive for personal and corporate investment, is often superfluous and inefficient. The authors suggest ways in which patenting could be limited or supplemented by conditions which would make the use of the product of research accessible to poor countries, especially in cases of life saving medications. The pooling of purchases of drugs, differential prices and prizes for innovations are mentioned as substitutes or complements to the patenting system.

Reviewer: Denny

Title: Tales Publicly Allowed: Competence, Capacity, and Religious Belief

First Author: Martin, Adrienne M.

Citation: Hastings Center Report 2007; 37: 33-40

Summary: An analysis of how to think about and deal with patients who have unusual belief systems (particularly religion) that may conflict with their receipt of what the medical establishment considers to be the best course of medical care. The author argues that, although previous bioethics works have conflated the two, capacity and competence should not be conflated; we might allow a person to make his own decisions in respect for his autonomy, even if it is clear that he cannot truly weigh the consequences of his decisions.

Health Affairs

Reviewer: Namrata Kotwani

Title: Toward Real Medicaid Reform

First Author: Holahan J, Weil A

Citation: Health Affairs 2007; 26: w254-w270

Summary: Authors argue for Medicaid reform by targeting the heterogeneity among states in coverage and benefits and the program's high and rising costs. Provide four policy options (with a view to increasing coverage, ensuring a minimum coverage package, and providing fiscal relief to states) which have the following features in common: shift responsibility for some or all of the care of dual eligibles to the federal government, and eliminate or restructure disproportionate-share hospital (DSH) payments. Information heavy paper but nice financial modeling for each policy option.

Reviewer: Namrata Kotwani

Title: Is Medicaid Sustainable? Spending Projections For The Program's Second Forty Years

First Author: Kronick R, Rosseau D

Citation: Health Affairs 2007; 26: w271-w287

Summary: Authors constructed long-term projections of Medicaid spending and compared projected growth in spending with that of state and federal revenues. The article predicts that Medicaid spending as a share of national health spending will average 16.6 percent from 2006 to 2025 (compare to 16.5 percent in 2005) and then increase slowly to 19.0 percent by 2045. Growth in government revenues is projected to be large enough to sustain both Medicaid spending increases and substantial real growth in spending for other services. Thus, despite fears about declines in employer-sponsored insurance, increases in the number of disabled people, and the LTC needs of the baby boomers, "it appears that there is little that is special about Medicaid spending: It is likely to increase with health spending more generally, neither much more quickly nor much more slowly." Of note, growth in the number of disabled enrollees was the main driver of the modest growth in Medicaid spending as a share of NHE (National Health Expenditure) that occurred during 1975-2003. The remainder of growth in Medicaid spending during 1975-2003 is accounted for by small increases in spending on children, in disproportionate-share hospital (DSH) spending, and in Medicaid administrative spending. Medicaid spending on adults and on the aged was virtually constant as a share of NHE over the period.

Reviewer: Danis

Title: Reducing the growing burden of cardiovascular disease in the developing world

First Author: Gaziano, TA

Citation: Health Affairs 2007; 26: 13-23

Summary: Cardiovascular disease is now the greatest cause of death in the developing world. Since resources for managing CV disease are limited, the choice of interventions should be guided by cost-effectiveness. The article offers suggestions about what the most cost-effective strategies would be.

Reviewer: Danis

Title: Better late than never: Workforce supply implications of later entry into nursing

First Author: Aurbach DI et al

Citation: Health Affairs 2007; 26: 178-185

Summary: While entry into nursing of people in their early twenties is the lowest it has been in forty years, people entering in late twenties and early thirties is rising. While there will be a nursing shortage in 2020, the shortage will be smaller than predicted.

Health Economics

Reviewer:

Title: Examining the Potential Exploitation of UNOS Policies

First Author: Zink S

Citation: Health Economics 2005; 5: 6-10

Summary: The United Network for Organ Sharing waiting list was designed as a system through which scarce organs are allocated on the basis of need (or other agreed criteria). Some people have solicited organs by directed donation from strangers through advertising or media campaigns. This article confidently claims that such practices are unethical. It considers the objection that those who solicit organs are not depriving others and that they may actually help others because such donations increase the total supply. It responds (weakly, I think) that "it is equally likely that someone who makes the decision to donate to a stranger [in response to solicitation] would make the decision to donate to any person on the waiting list . . ." Who knows? The article contends that organizations such as LifeSharers (whose members must promise to donate their organs upon death and whose members receive needed organs, if available from other members) discriminate against non-members. The authors dismiss the notion that those who are prepared to give have a greater claim to receive as contradicting the concept of equity. [Numerous commentaries point out the weaknesses in the argument.]

Reviewer: DeGrazia

Title: Neuroscience and Ethics: Intersections

First Author: Damasio, Antonio

Citation: Health Economics 2007; 7: 3-7

Summary: Damasio reflects on the neural underpinnings of moral behavior. His analysis of various clinical data support the hypothesis that "acquired sociopathy"--a pronounced failure to observe moral rules following brain injury--involves damage to the ventral and medial aspects of the prefrontal cortex. This syndrome more generally compromises one's experience of social emotions (e.g., compassion, contempt), not just moral behavior. The author goes on to conjecture that ethics, though human-made, is grounded in neural devices connected with the origin of emotions, which play a principal role in an organism's reproductive fitness. (Good discussion.)

Reviewer: lev

Title: The effects of Taiwan's National Health Insurance on access and health status of the elderly

First Author: Yip, W. et al.

Citation: Health Economics 2007; 16: 223-242

Summary: This paper presents data on how the introduction of National Health Insurance (NHI) in 1995 impacted access to healthcare services and health outcomes for the elderly population in Taiwan. The paper shows that previously un-insured elderly population utilization of NHI has increased significantly. It also presents data that even those who were insured before NHI was introduced increased their utilization of healthcare services. In terms of health outcomes, the authors provide data that show that neither mortality rates nor perceived health status were improved since the introductions of NHI. They end with discussing various possible reasons as to why there was no improvement in health outcomes.

Reviewer: Adikes

Title: True Health vs Response Styles: Exploring Cross-Country Differences in Self-Reported Health

First Author: Jurges, H

Citation: Health Economics 2007; 16: 163-178

Summary: This study considers how individuals' context and points of reference change how they judge and report their health status. The article addresses some challenges of measuring self-reported health status of individuals from different countries and notes differences in self-reported vs. true health status. When reporting styles are taken into account, cross-country differences in health are reduced.

Reviewer: Adikes

Title: The Effects of Expanding Patient Choice of Provider on Waiting Times: Evidence from a Policy Experiment

First Author: Dawson, D

Citation: Health Economics 2007; 16: 113-128

Summary: This paper documents some outcomes from the London Patient Choice Project, in which patients awaiting elective ophthalmology surgery who were likely to experience long waiting times were allowed to choose alternative clinical care locations with shorter waiting times. Some hospitals with long waiting times were designated as patient exporters and others with shorter typical waiting times were importers. A theoretical model is developed to analyze the results which show that through patient choice, average patient waiting times declined in London. Since the study ended in 2004, the government implemented patient choice for secondary care that, though different from LPCP, will likely reduce and disperse patient waiting times among London hospitals.

Reviewer: Adikes

Title: Editorial: Giving Equality of Opportunity a Fair Innings

First Author: Dias, Pedro R

Citation: Health Economics 2007; 16: 109-112

Summary: This editorial discusses the concept of "inequality of opportunity", as addressed in the World Bank Development 2006 Report, Equity and Development. Equality of opportunity may be an "appealing compromise" between holding people completely responsible for their circumstances and considering all circumstances completely out of an individual's control. Roemer's models, balancing effort factors (factors for which individuals are responsible) and circumstance factors (for which individuals lack control and responsibility), are noted as potential approaches to applying equality of opportunity. The editorial warns that focusing purely on inequality of outcomes can lead policymakers to underestimate the long-run consequences of their actions. Alan Williams' fair innings argument is a form of equality of opportunity in which evaluation of outcome distribution relies upon circumstances.

JAMA

Reviewer: Millum

Title: Potential Health and Economic Consequences of Misplaced Priorities

First Author: Steven H Woolf

Citation: JAMA 2007; 297: 523-526

Summary: Healthcare priorities need to be re-ordered in order to maximize health benefits. The author gives four examples of needed changes. First, there is substantial overuse of many relatively ineffective treatments, and underuse of effective treatments. Second, the treatments need to be delivered at the right time to the right people. Third, resources need re-allocating to preventive measures. Fourth, other inequalities that lead to differences in health outcomes need to be addressed.

Reviewer: Seema

Title: Stem Cells Obtained From Amniotic Fluid

First Author: Tracy Hampton, PhD

Citation: JAMA 2007; 297: 795-795

Summary: News piece on the derivation of stem cells from amniotic fluid. The stem cells came from specimens left over from amniocentesis that would have otherwise been discarded. The authors hail this development as a scientific solution to the debate on the use of stem cells obtained from embryos.

Reviewer: Varma

Title: Pay-for-Performance: Will the Latest Payment Trend Improve Care?

First Author: Rosenthal, MB

Citation: JAMA 2007; 297: 740-744

Summary: These authors review several dimensions of pay-for-performance programs that they believe will determine whether these programs will in fact meet the goal of improving quality of care. The dimensions discussed are: group vs. individual provider incentives, the amount of payment, selection of performance measures, rewarding absolute vs. relative performance, and addressing quality of care for underserved populations in particular.

Reviewer: Seema

Title: Reducing Waste in US Health Care Systems

First Author: Roger W. Bush, M.D.

Citation: JAMA 2007; 297: 871-874

Summary: A commentary identifying several sources of waste in local health care delivery and detailing several practical interventions for the reduction of waste. For example, the author proposes primary care physician flow stations to reduce waste of overproduction, and requiring prompt entry of data by physicians into electronic medical records in order to decrease waiting time.

Reviewer: Seema

Title: Mortality in Randomized Trials of Antioxidant Supplements for Primary and Secondary Prevention: Systematic Review and Meta-analysis

First Author: Goran Bjelakovic, MD, et al.

Citation: JAMA 2007; 297: 842-857

Summary: For people interested in alternative and complementary medicine: a review of the effect of antioxidant supplements on mortality in randomized trials. One item of note is that, "[b]eta carotene used singly significantly increased mortality."

Reviewer: Varma

Title: Biomedical Research Involving Prisoners: Ethical Values and Legal Regulation

First Author: Gostin, Lawrence

Citation: JAMA 2007; 287: 737-750

Summary: Briefly describes the history of regulations for biomedical research with prisoners in the US, up to the recent IOM report recommending changes in the current regulations. The proposed changes include expanding the definition of 'prisoner', making safeguards for prisoners more consistent, creating a national database of research involving prisoners, evaluating studies by risk-benefit category (similarly to the current pediatric regulations), more collaboration of stakeholders in designing and conducting research with prisoners, and enhancing oversight through introduction of a "prisoner research participant advocate."

Journal of General Internal Medicine

Reviewer: tilburt

Title: Reactions to Uncertainty and the Accuracy of Diagnostic Mammography

First Author: Carney, PA

Citation: Journal of General Internal Medicine 2007; 22: 234-241

Summary: In this study, investigators assessed the extent to which radiologists' reactions to uncertainty influence diagnostic mammography interpretation. Using standardized measures of reactions to uncertainty linked with mammography registries. They found that radiologists with lower tolerance for uncertainty have a higher odds of calling a mammogram positive.

Reviewer: tilburt

Title: The United States Physician Workforce and International Medical Graduates: Trends and Characteristics

First Author: Akl, EA

Citation: Journal of General Internal Medicine 2007; 22: 264-268

Summary: In this study investigators describe the historical trends and compare the characteristics of international medical graduates (IMGs) to United States medical graduates (USMGs) in the United States. Over the last 26 years, the number of IMGs in the United States grew by 4,873 per year reaching a total of 215,576 in 2004, about 2.4 times its size in 1978. The proportion of IMGs increased 0.12% per year, from 22.2% in 1978 to 25.6% in 2004. In 2004, compared with USMGs, IMGs were older, less likely to be board certified [Odds ratio (OR), 0.68; 95% CI, 0.53 to 0.86], less likely to work in group practice (OR, 0.60; 95% CI, 0.37 to 0.98), more likely to have Internal Medicine as practice specialty (OR, 2.10; 95% CI, 1.62 to 2.71) and more likely to be residents (OR, 1.52; 95% CI, 1.07 to 2.16). They conclude policymakers should consider the consequences of these trends for both the United States and source countries.

Reviewer: tilburt

Title: How Do Distress and Well-being Relate to Medical Student Empathy? A Multicenter Study

First Author: Thomas, MR

Citation: Journal of General Internal Medicine 2007; 22: 177-183

Summary: Investigators report results of a multi-centered medical student survey of Minnesota medical students looking at the association between distress & well-being on the one hand and student empathy on the other. Using standardized measures, both burnout (negative correlation) and well-being (positive correlation) were independently correlated with student empathy scores.

Journal of Medicine and Philosophy

Reviewer: Seema

Title: Should a Good Healthcare Professional Be (at Least a Little) Callous?

First Author: Christy A. Rentmeester

Citation: Journal of Medicine and Philosophy 2007; 32: 43-64

Summary: Rentmeester argues that the common understanding that health care professionals become callous to other's suffering over time conflates callousness, which is morally problematic, with inurement. She argues that "[c]allousness is a kind of damage to a practitioner's capacity for perception" and that it "hinders a person's capacity for moral perception by limiting the scope of particulars she sees as constitutive of reasons to act in service to others. By contrast, she takes inurement to be "a process of training, strengthening, and growth over time." The article is not ground-breaking, but is a decent first pass at clarifying the problems with the desensitized way that some medical professionals refer to patients.

Reviewer: Heyd, David

Title: "Health Versus Harm: Euthanasia and Physicians' Duties"

First Author: Garcia, J. L. A.

Citation: Journal of Medicine and Philosophy 2007; 32: 7-24

Summary: The dilemma of voluntary euthanasia creates a real clash between the autonomy of the patient and the professional duties of the physician. Hence it is a serious problem in clinical ethics. The article is a critical response to the views of Prof. Gary Seay, who derives the physician duty to perform mercy killing from the right of the patient to request it. The article takes a different approach, assuming that life always has some value and that the act of euthanasia violates the basic professional duty of the doctor to prolong life and to enhance the welfare of her patients. Quality of life is not regarded as one of the goals of medicine and hence the analogy from cosmetic surgery to euthanasia is resolutely rejected.

Reviewer: Heyd, David

Title: "Whoever Could Get Rid of the Context of Discovery/Context of Justification Dichotomy?"

First Author: de Freitas, Renan Springer and Pietrobon, Ricardo

Citation: Journal of Medicine and Philosophy 2007; 32: 25-42

Summary: This is an interesting article which appeals to Ernst Gombrich's idea that visual "schemata" (such as how a lion or a cloud 'should' be represented in painting) can serve to explain the way science progresses. In the same way as the pictorial representation of lions has undergone a process from the middle ages to Renaissance art in which it became to look more truthful, so can the path from Aristotle's to Galileo's scientific representation of the movement of a pendulum. In the field of bioethics, the author tries to illustrate the same kind of improvement associated with the "schema" of randomized trials, comparing our current notion with the more blurred concept that researchers had in the 1950's (citing Jonas Salk's trials on polio). The article includes a critical examination of the distinction between the context of discovery and the context of justification, ultimately arguing that it must be accepted in some form even by Kuhn and Feyerabend.

Lancet

Reviewer: Persad, Govind

Title: US NIH chief gains greater power over budget

First Author: Bristol, N

Citation: Lancet 2007; 369: 629-629

Summary: As part of reform legislation passed recently by the White House, NIH director Elias Zerhouni now has control over a "common fund" that comprises about 5% (\$486M) of the NIH budget, which is to be used to fund research initiatives that involve multiple NIH centers. Zerhouni argues that this will allow multidisciplinary projects to move forward. Some critics are concerned that this fund will divert money away from projects that are already cash-strapped due to budget cuts, while others argue that a common pool of money will be good for individual institutes because they will not have to contribute their own money to NIH-wide projects.

Reviewer: Lie

Title: Stop killing people who kill people

First Author: editorial

Citation: Lancet 2007; 369: 343-343

Summary: Editorial against health care personnel involved in capital punishment

Reviewer: Lie

Title: Human papillomavirus vaccine policy

First Author: Raffle, Angela E

Citation: Lancet 2007; 369: 367-368

Summary: Interesting letter criticising the campaign to promote HPV vaccination. Argues that vaccine programs would double the cost of existing cervical cancer control programmes (screening), with little added documented gain. Vaccine may be useful in setting with no established screening programs, but not necessarily in countries with well functioning screening programs. Therefore one should not rush towards mandatory vaccination.

Reviewer: Seema

Title: The right to health: more than rhetoric

First Author: The editors

Citation: Lancet 2007; 369: 438-438

Summary: A summary of a report by Paul Hunt, UN Special Rapporteur on the right to health, that outlines the progress of the movement for health and human rights. The editors note that Hunt's "report identifies two key obstacles that prevent the movement from gaining momentum: the failure of most mainstream non-governmental organisations to include the right to health in their campaigning activities, and the failure of most health professionals to grasp the concept of the right to health."

Reviewer: Lie

Title: When in doubt, disclose

First Author: editorial

Citation: Lancet 2007; 369: 344-344

Summary: Editorial on recent case of a Athena Kolbe who did not disclose that she was author of two papers cited under a pen name. Supports the COINS initiative funded by NHLBI.

Reviewer: Lie

Title: Can lethal injection for execution really be "fixed"?

First Author: Koniaris et al

Citation: Lancet 2007; 369: 352-353

Summary: Takes as point of departure the decision by US District Court Judge Fogel in California that lethal injection has too high risk of pain and suffering for the inmate. Article argues that this cannot be fixed, and that health care personnel should not be involved in trying to "fix" it.

Reviewer: Persad, Govind

Title: Male circumcision and HIV/AIDS: challenges and opportunities

First Author: Sawires SR

Citation: Lancet 2007; 369: 708-713

Summary: Several recent trials in Africa (including a major NIH trial) have found that male circumcision seems to reduce the transmission of HIV infection. The authors consider “13 challenges and opportunities” related to these results. Among the more significant, in their view, are determining societal acceptability of circumcision, avoiding pitting male circumcision against alternative preventative measures in an either-or fashion, considering whether circumcision should be carried out on adults or neonates, preventing “analogical” implementation of female genital mutilation, and ensuring safe circumcision practices. I thought the question of whether to circumcise neonates (who will likely experience fewer complications but cannot consent to a controversial intervention) versus adults was particularly interesting. Overall, the article is a broad rather than deep overview of several interesting issues having to do with what in their view is an extremely promising intervention for a widespread and debilitating condition.

Reviewer: Persad, Govind

Title: If direct-to-consumer advertisements come to Europe: lessons from the USA

First Author: Metzl JM

Citation: Lancet 2007; 369: 704-706

Summary: The author discusses several of the issues, such as altered doctor-patient interactions, altered perceptions of normality, and pressure to prescribe, that have followed the legalization of direct-to-consumer drug advertising in the USA. Apparently some European lobbies are attempting to legalize these advertisements in the EU as well. The author seems to be opposed to DTC advertising for the most part, but sees advertising as an opportunity for doctors and patients to identify and address the social pressures that these advertisements generate or play upon. (This article is part of a section on medicalization in this issue of The Lancet, which may as a whole be of interest to some.)

Reviewer: Lie

Title: Population growth and the millenium development goals

First Author: Potts and Fotso

Citation: Lancet 2007; 369: 354-355

Summary: Argues that more resources should go into family planning. Cites statistics such as the fact that, given same level of health care, a child born 18 months after a sibling has three times the death rate of a baby born after 36 months.

Milbank Quarterly

Reviewer: Persad, Govind

Title: Medical Education and the Pharmaceutical Industry

First Author: Goodman, RL

Citation: Milbank Quarterly 2007; 50: 32-39

Summary: Author discusses the various ways in which pharmaceutical industry money influences medical education. He considers the “free lunch” provided to medical residents as a paradigm example of industry involvement that is problematic for medical students, and provides several insightful studies. Eric, given his stance on pharmaceutical lunches, would be proud.

Reviewer: Persad, Govind

Title: Regulation of Financial Conflicts of Interest in Medical Practice and Medical Research: a damaging solution in search of a problem

First Author: Stossel, TP

Citation: Milbank Quarterly 2007; 50: 54-71

Summary: [Article is actually from Perspectives in Biology and Medicine, not Milbank Quarterly: all other info is accurate]

In recent years, there has been a crackdown on actual and perceived “conflicts of interest” in medicine. The author argues very passionately that this phenomenon has hampered research and been out of proportion to actual conflict-of-interest problems. He in particular criticizes policies that disallow any investment in or interaction with pharmaceutical and biomedical corporations by researchers – the NIH’s policy is singled out as especially bad. One thing that I found interesting about the article was that he claimed that “conflict-of-interest activists... adhere to a discredited doctrine known as positivism.” It’s hard to say what the Vienna Circle would think about the NIH’s policy on conflict of interest (and by no means clear that they would endorse it!), but I certainly don’t think that positivism is a discredited view.

Reviewer: Persad, Govind

Title: "Sweeping Up After the Parade": professional, ethical, and patient care implications of "turfing"

First Author: Caldicott CV

Citation: Milbank Quarterly 2006; 50: 136-149

Summary: [Article is actually from Perspectives in Biology and Medicine, not Milbank Quarterly: all other info is accurate]

The author discusses the practice (which she refers to as "turfing") of patients being transferred from one doctor to an unwilling recipient doctor, often one who is lower in the hierarchy of the hospital or medical institution. Turfing is generally done as a way to avoid or discontinue caring for patients who are difficult or for whom doctors do not wish to care: a "turfed" patient is generally undesirable either directly (because he or she is personally or medically too challenging) or indirectly (because no other doctors want to care for him or her). The author sees the practice as common and as a potential threat both to patients and to professional relationships between physicians and departments. I didn't care for the "medical humanities" vernacular of the article, which is laid on quite thickly in some places, but the topic was very interesting, particularly the discussion of difficult patients and how clinicians respond to them.

New England Journal of Medicine

Reviewer: carrie

Title: Improving global health: Margaret Chan at the WHO

First Author: Shuchman, M

Citation: New England Journal of Medicine 2007; 356: 653-656

Summary: This is a profile of the new Chinese Director-General of the WHO, including a summary of her highly-regarded decisions as the director of health in Hong Kong during the 1997 outbreak of avian flu. (Her actions in the SARS outbreak were more controversial.) With an eye toward collaborating with and coordinating the efforts of private and PPP global health players, Chan wants to focus the WHO's efforts on women's and African health issues.

Reviewer: carrie

Title: XDR Tuberculosis: Implications for global public health

First Author: Raviglione, MC

Citation: New England Journal of Medicine 2007; 356: 656-659

Summary: This is a call for prioritizing TB control, development of rapid detection capability, and research efforts in light of recent outbreaks of XDR TB. If you want to sleep less well at night: of 53 XDR TB cases in KwaZulu-Natal, 52 patients died within a median of 16 days from their first sputum test.

Reviewer: carrie

Title: Book review: Advancing health literacy by Christina Zarcadoolas et al.

First Author: Sanders LM

Citation: New England Journal of Medicine 2007; 356: 757-758

Summary: Only 12% of Americans are "health literate" and the other 88% are more likely to be hospitalized and have poorly-controlled chronic diseases. This book provides several case studies of successful (MA Tobacco Control Program) and unsuccessful (anthrax scare of 2001) efforts at publicly disseminating health-related information, as well as a 11-step guide to becoming a better health communicator.

Reviewer: carrie

Title: Regulatory and judicial oversight of nonprofit hospitals

First Author: Studdert, DM

Citation: New England Journal of Medicine 2007; 356: 625-631

Summary: Studdert et al. provide an excellent and timely review of historical and current efforts to enforce the charitable commitments of the two-thirds of the hospitals that are not-for-profit (NFP). Under section 501(c)(3), NFP organizations must pass an organizational test (statement of charitable, etc. purpose) and an operational test (conduct affairs in accordance with the purpose). These ambiguous requirements were initially interpreted to mean a NFP hospital should provide care to the impoverished "to the extent of its financial ability" and modified in 1969 to requiring "community benefit." The authors present several cases that reveal the inconsistency of regulatory and judicial decisions about NFP hospitals compliance with this requirement. Although state intervention was previously thought to be best justified under corporate fiduciary standards (loyalty and reasonable care), Studdert et al. note that an increasing number of activist state officials are appealing to trust law (protection of organizational assets, including operation consistent with original mission). The authors also describe recent efforts to use a class action law suits: in Kolari, the NY court denied that the patients claiming breach of contract (contract between government and hospital with patients as third-party beneficiaries) had standing to sue in federal court. Class-action appeals based on unfair trade claims may be more successful. Studdert et al. suggest that intermediate sanction, imposition of financial penalties, should be used more extensively as an enforcement tool (created in 1996, they have been applied once). They close by noting that recent litigation has prompted a response by the American Hospital Association but that NFP hospitals may need to push to bounds of legality to remain viable in the face of competition with for-profit providers.

Reviewer: carrie

Title: Thailand and the compulsory licensing of Efavirenz

First Author: Steinbrook, R

Citation: New England Journal of Medicine 2007; 356: 544-546

Summary: Steinbrook describes Thailand's November 2006 decision to issue a compulsory license for Efavirenz, a HIV drug, despite Merck's current patent in that country. Thailand has ordered a generic from an India pharmaceutical from an Indian manufacturer and has plans to begin producing its own generic later this year, giving Merck a 0.5% royalty for the value of imported or produced Efavirenz. Steinbrook briefly discusses other approaches to ensuring access to drugs, such as nonexclusive licensing (Gilead in India) and negotiated price concessions (Brazil, Clinton Foundation)

Reviewer: carrie

Title: Book review: Surgically strengthening children edited by Eric Parens

First Author: Stysma, SE

Citation: New England Journal of Medicine 2007; 356: 645-646

Summary: This book is apparently an interdisciplinary set of essays on surgery for ambiguous genitalia, achondroplasia, and cleft lip and palate. It includes a guideline for decision making and addresses question of authenticity and conformity. Per the reviewer, the book is most useful for parents deciding what to do for their child.

Reviewer: carrie

Title: Taking TRIPS to India: Novartis, patent law, and access to medicine

First Author: Mueller, JM

Citation: New England Journal of Medicine 2007; 356: 541-543

Summary: Outline of Novartis's effort to overturn India's ruling in favor of compulsory licensing of Gleevec. Describes provisions of India's new (2005) Patents Act, which recognizes drug patents (not just process patents) for the first time in India and outlines the debate about Section 3(d) requiring drugs applying for new patents be "substantially more effective" rather than involving an "inventive step" (TRIPS). The authors conclude that for the time being generic manufacturing is alive and well in India, assuring access to drugs for millions.

Reviewer: carrie

Title: Book review: Moral minds by Marc Hauser

First Author: Levy, N

Citation: New England Journal of Medicine 2007; 356: 644-645

Summary: Review of Hauser's book. Quick synopsis: humans have an innate moral sense which operates at an unconscious, irrational level. Per the review, unlike Greene, Hauser seems to believe that emotions are the result of moral evaluations, rather than the cause of moral beliefs.

Reviewer: Namrata Kotwani

Title: Improving the Management of Chronic Disease at Community Health Centers

First Author: Landon, BE, et al.

Citation: New England Journal of Medicine 2007; 356: 895-903

Summary: Authors performed a controlled pre-intervention and post-intervention study of community healthcare centers participating in quality-improvement collaboratives (sponsored by the HRSA) for the care of patients with diabetes, asthma, or hypertension. It is believed that disparities in the quality of care associated with race, ethnicity, and the socioeconomic status of patients can be greatly reduced if quality improvement programs are developed and implemented across the board. A general improvement in quality should narrow the gaps in care. One of the most important national initiatives of this type is the Health Disparities Collaboratives sponsored by the Health Resources and Services Administration (HRSA). These collaboratives bring community health centers together to learn and disseminate quality-improvement techniques developed by the Institute for Healthcare Improvement. The rapid-cycle improvement method first requires the establishment of aims based on known deficiencies in quality. Then, each community health center implements and tests small-scale interventions at one or more practice sites. On the basis of these tests, new practices and procedures are adopted and refined. Successful interventions are then disseminated throughout the entire community health center.

The study showed that intervention centers had considerably greater improvement than the external and internal control centers in the composite measures of quality for the care of patients with asthma and diabetes, but not for those with hypertension. There was no improvement in any of the intermediate outcomes assessed (urgent care or hospitalization for asthma, control of glycated hemoglobin levels for diabetes, and control of blood pressure for hypertension). The authors conclude that the Health Disparities Collaboratives significantly improved the processes of care for two of the three conditions studied. There was no improvement in the clinical outcomes studied.

Reviewer: Namrata Kotwani

Title: Cesarean Delivery and the Risk–Benefit Calculus

First Author: Ecker JL, Frigoletto

Citation: New England Journal of Medicine 2007; 356: 885-888

Summary: Author assesses the reasons for rising rates cesarean deliveries and discusses the risks and benefits of the procedure. Recommends that doctors educates patients about trade-offs and to ensure that the intervention is congruent with patient’s philosophy and risk tolerance. Advocates for more clinical trials and predicts that numbers of cesarean deliveries will continue to increase. Nice albeit standard summary of pros and cons of intervention.

Reviewer: Namrata Kotwani

Title: Becoming a Physician: The Patient as Ally — Learning the Pelvic Examination

First Author: Wolfberg, AJ

Citation: New England Journal of Medicine 2007; 356: 889-890

Summary: Medical students often learn to perform pelvic examinations on anesthetized patients without specific consent during their gynecology clerkship. Recently this issue has received public attention and many schools have clarified their policies to ensure that no patients are examined without their consent. Some schools have altogether prohibited medical students from performing pelvic exams. Consequently, this generation of doctors may be less prepared to evaluate gynecological problems. Although some schools train students by allowing them to examine paid volunteer patients, a handful of gynecologists have viewed this situation as an opportunity to improve outreach to patients, recruiting them as partners in medical education. These doctors believe that the best way to recruit patients is to talk to them with complete honesty and full disclosure. Practitioners have found that about 80% of patients are willing to have students involved in their care if they were asked in advance and did not feel pressured into giving consent. In general, patients preferred to be asked and briefed by a nurse. Gynecologists did recognize that it took extra time to provide the kind of detailed explanation that would likely result in patients' endorsement of student involvement.

Reviewer: Namrata Kotwani

Title: Medical Education: "Continuity" as an Organizing Principle for Clinical Education Reform

First Author: Hirsh DA, Ogur B, Thibault GE, Cox M

Citation: New England Journal of Medicine 2007; 356: 858-866

Summary: Authors provide new models of clinical clerkships and argue that a new model of clinical education that addresses the lack of continuity among different learning experiences is necessary to produce students who are broadly skilled in the core competencies of medicine. A thorough discussion of various innovative models of medical education and the benefits of continuity of care and supervision for medical students.

Reviewer: Namrata Kotwani

Title: The Rise of In-Store Clinics — Threat or Opportunity?

First Author: Bohmer R.

Citation: New England Journal of Medicine 2007; 356: 765-768

Summary: Concise and time discussion of the proliferation of small clinics generally located within pharmacies and staffed by nurse practitioners. Pros: convenient, cheap, low overhead, standardized interventions. Cons: rigid protocol-based intervention rules can lead to wrong diagnoses, fragmentation of care, too much concern with profit, threat to doctor's revenue as they will see ever sicker patients.

Reviewer: carrie

Title: Religion, conscience, and controversial clinical practices

First Author: Curlin FA

Citation: New England Journal of Medicine 2007; 356: 593-600

Summary: Curlin et al. report results of 1144 physicians' answer to (63% response rate) three questions: is it unethical for a MD to describe why he objects to a requested procedure (63% say yes); does a MD have an obligation to provide information about all treatment options (86% say yes); should an MD provide a referral to alternate practitioners willing to perform the procedure (81%). They did not ask the harder question of whether it is appropriate to withhold the objectionable service if an alternate provider was not available. While they say the majority of physicians balance paternalism and patient autonomy by engaging in relationships along the lines of the Zeke's "interactive model," the authors emphasize the fact that 14% of MDs would withhold information and stress the importance of patient self-education and self-advocacy. If you want to increase your chances of getting full information, find a young, female, non-religious (especially a non-Catholic or non-Protoestant) doctor who supports abortion and contraception for adolescents. (the last three characteristics should hardly be surprising). Interestingly, the authors never asked the survey respondents if they personally have ever engaged in the activities described in the questions.

Reviewer: carrie

Title: Medicaid revisited: Skirmishes over a vast public enterprise

First Author: Iglehart, JK

Citation: New England Journal of Medicine 2007; 356: 734-740

Summary: This article outlines key concerns about the Medicaid-related components of the Deficit Reduction Act of 2005. The law is designed to cut federal Medicaid expenditures by \$26.4 billion by allowing cost-sharing and premium reductions, limiting payments for out-patient drugs, and increasing penalties for individuals who illegal transfer funds to "spend down" for Medicaid eligibility. 1) Despite imposition of a "benchmark" model, increasing state flexibility to design programs may decrease coverage for long-term care, mental health service, and medical transport. 2) Although the law requires no cutbacks in covered service for children, early screening and diagnosis can be provided through wrap-arounds that may lead to discontinuities of care. 3) Requirements for written proof of citizenship may thwart plans of enrollment among those who are eligible. 4) Physicians will now be left to determine what cost a patients should pay at the point of service, and are allowed to refuse to provide care to those who cannot afford the co-pays. 5) The Reduction Act focused on extracting savings from the low-income population enrolled in Medicaid, although costs for the 23% of beneficiaries who are elderly and disabled are far greater (70%). Iglehart also briefly describes recent reforms in W. Virginia (responsibility) and Florida (shift to defined contribution).

Philosophy and Public Affairs

Reviewer: Persad

Title: Global Justice, Reciprocity, and the State

First Author: Sangiovanni, Andrea

Citation: Philosophy and Public Affairs 2007; 35: 3-39

Summary: This paper argues for a cosmopolitanism that applies different principles of distribution within each nation-state than it does across the global order. According to Sangiovanni, egalitarian justice follows from reciprocity and is applicable within each state, while citizens and residents of a state have different distributive obligations to others outside the state. In the course of defending the view, he explicates the distinction between relational and non-relational ideas of justice, globalist and internationalist scopes of justice, and concepts of justice that base distributive claims on state coercion and those that base claims of distributive justice on reciprocity. Sangiovanni defends the view that he calls "reciprocity-based internationalism," where distributive egalitarian justice applies only within states because only coresidents in a state stand in appropriately strong reciprocal relations to each other. (In contrast, justice between persons in different states may instead employ some idea of a decent minimum.) The ideas were interesting and may have some applicability to questions about obligations to provide health care or health interventions across national boundaries. There is also a quick but thought-provoking discussion of disability and distributive justice at p. 30-31.

Reviewer: Persad, Govind

Title: Being Fair to Future People: Enfranchising All Affected Interests in the Original Position

First Author: Reiman, Jeffrey

Citation: Philosophy and Public Affairs 2007; 35: 69-92

Summary: The author argues that the Non-Identity Problem can be solved by including future persons in the Rawlsian original position. After a lengthy summary of three cases (two of Parfit's and one from From Chance to Choice), he very quickly argues that we would all agree in the Original Position that all persons (including future persons) have a right to normal functioning as well as "normal life expectancies and morbidity rates", where normal functioning is defined in a quasi-Daniels way. He proposes that we should not create persons who would lack normal functioning, even if the alternative is not creating a person at all, because persons in the original position cannot validly waive their rights to normal functioning due to the "duress" of the threat of not existing. The paper has several serious problems: the argument for normal functioning as a right is too quick, the author does not explain why future persons are not owed some stronger right (such as what would be specified by the Difference Principle), and the argument gives no guidance about resource distribution over and above what is needed for normal functioning. The idea of "normal" life expectancy or functioning also seems strained when applied, as it is here, to populations at vastly different times and under disparate conditions.

PLoS Medicine

Reviewer: Wertheimer

Title: Plos Medicine's Advisory Group on Publication Ethics

First Author: Plos Medicine Editors

Citation: PLoS Medicine 2007; 4: 2001-2002

Summary: An editorial about experience with committee to advise editors on individual cases involving ethical questions. Cases fell into three categories: competing interests; preserving patient anonymity; borderline between a research paper and a programmatic description. This reviewer did not know that anonymity was not thought sufficient to protect patient confidentiality.

Reviewer: Wertheimer

Title: Monopolizing Clinical Trial Data: Implications and Trends

First Author: Timmermans, K.

Citation: PLoS Medicine 2007; 4: 0206-0210

Summary: Paper discusses a feature of the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) that goes beyond patents on a product. TRIPS appears to allow nations to choose to guarantee exclusive rights over the data required for registration of drugs, including the clinical and preclinical trial data. Data exclusivity prevents regulatory authorities from relying on data submitted by originator companies in order to register a generic product. Paper discusses strategies for managing data exclusivity.

Reviewer: Wertheimer

Title: When Should Potentially False Research Findings be Considered Acceptable

First Author: Djulbegovic, B, Hozo, I.

Citation: PLoS Medicine 2007; 4: 0211-0217

Summary: This reviewer did not understand all the math, but the basic idea is that in determining whether a potentially false research finding is acceptable, one needs to consider the costs and benefits of its acceptance. For example, if a finding, if true, would generate large benefits relative to costs, then it should be accepted even if the probability that it is not true exceeds, say, .05. This thesis has implications for when clinical trials should be stopped.

Reviewer: Wertheimer

Title: Most Published Research Findings are False-- But a Little Replication Goes a Long Way

First Author: Moonesinghe, R, et. al.

Citation: PLoS Medicine 2007; 4: 0218-0221

Summary: Another article with (for this reviewer) complicated math. Basic point is to quantify the benefits of replication.

Reviewer: Wertheimer

Title: How Can We Improve the Care of Severely Malnourished Children in Africa?

First Author: Heikens, G.

Citation: PLoS Medicine 2007; 4: 0222-0225

Summary: Given that many who are treated for malnutrition under WHO's treatment guidelines do not do well, study considers whether this is due to inadequacies in the guidelines or differences between the populations being treated and those on whom the guidelines were based.

Reviewer: Wertheimer

Title: Contraceptive Use and the Poor: A matter of Choice?

First Author: Gillespie, Duff

Citation: PLoS Medicine 2007; 4: 0241-0242

Summary: Discusses data from survey of 55 developing countries. Although there has been an increase in contraceptive use across all groups, the gap between the rich and the poor increased as GDP increased. We do not know to what extent SES influences the desire for contraception and its use, given comparable desire.

Reviewer: Wertheimer

Title: Undertaking Research in Other Countries: National Ethico-Legal Barometers and International Ethical Consensus Statements

First Author: Skene, L.

Citation: PLoS Medicine 2007; 4: 0243-0247

Summary: Is it ethical for scientists to do research overseas in order to benefit from a favorable regulatory scheme? Answer: it depends on where the research falls on a country's ethico-legal barometer. For example, if Nation X prohibits creation of and research on human SCNT embryos, it might be ethical to do such research abroad. It depends on whether such research would be strongly condemned.

Reviewer: Wertheimer

Title: What Drives Health-Care spending Priorities? An International Survey of Health Care Professionals

First Author: Salkeld, G., et. al.

Citation: PLoS Medicine 2007; 4: 2056-2059

Summary: The article does not seek to answer the question in the title, that is, it is not concerned to explain what actually does drive health care spending priorities. Rather, it surveys professionals in six countries as to what SHOULD drive health care spending. There was an emphasis on prevention and children. Professionals are somewhat less likely to be "punitive" towards those with self-induced diseases than the public. The principle of "rescue" seems to play a greater role in actual spending than these priorities can explain.

Science

Reviewer: Tannenbaum

Title: Limits to the Human Cancer Genome Project

First Author: Chng, Wee (that's right no vowel in lastname)

Citation: Science 2007; 315: 762-762

Summary: He suggests that it is more "rational and cost-effective" to put funding not only into "descriptive-type 'brute force' studies but also into other cancer efforts, such as "screening to identify transposon-based, unbiased, forward mutagenesis screens."

Reviewer: Denny

Title: IAGNOSTICS:Amid Debate, Gene-Based Cancer Test Approved

First Author: Couzin, J

Citation: Science 2007; 315: 924-924

Summary: Although the FDA has previously not been in the business of approving particular types of genetic tests, categorizing them as "laboratory tests" and allowing them on the market without the scrutiny that medical drugs and devices must go through, it seems to be changing its tune. It recently approved MammaPrint, a genetic test designed to assess the likelihood of cancer recurrence, and wants to expand its oversight to include more prognostic tests. Reactions are split between those who agree that the prognostic test market needs more oversight and those who claim that such tests are less invasive than medical devices and that regulation would slow their production down.

Reviewer: Denny

Title: ASSESSMENT:Standardized Tests Predict Graduate Students' Success

First Author: Nathan R. Kuncel

Citation: Science 2007; 315: 1080-1081

Summary: A meta-analysis of the relationship between post-baccalaureate standardized testing and performance during and beyond graduate school indicates that such tests are a good predictor of future performance. (Better than college GPA, generally.) The closer the test relates to the actual content of the discipline, the higher the correlation. Any fellows planning to take the LSAT, MCAT, GRE, etc., had best study hard in case admissions folks get a hold of this article.

Reviewer: Tannenbaum

Title: Controversial marrow cells coming into their own?

First Author: Holden, Constance

Citation: Science 2007; 315: 760-761

Summary: Catherine Verfaillie and Weissman show that MAP cells, which are derived from bone marrow cells, are multipotent. They lack Nanog and Sox2 and cannot form teratomas and thus lack some crucial markers and abilities of the pluripotent ES cells. But they share Oct 4 with ES cells and thus have been used to rebuild blood systems in mice, etc. MAP cells may eventually obviate the need for stem cells.

Reviewer: Tannenbaum

Title: Gene Expression and Ethnic Differences

First Author: Billinger, Michael

Citation: Science 2007; 315: 766-766

Summary: He claims that race is a biological and taxonomic problem and not simply a sociological problem [I have no idea what these terms mean to the author]. He claims that when researchers [which researchers?] use the term "Asians" it means either Chinese or Japanese [why so narrow?] and "Whites" mean "Caucasians" or "European descent," and he concludes that this imprecise use of language adds to the problem of not being able to accurately describe or classify the reference populations. [The problem of Chinese breeding with Japanese, Chinese-Japanese self-identifying as Japanese only, etc. was not discussed].

Reviewer: Tannenbaum

Title: Probing the Roots of Race and Cancer

First Author: Couzin, Jennifer

Citation: Science 2007; 315: 592-594

Summary: African-American women are more likely to develop aggressive breast tumors than are Caucasians due to ER negative (estrogen-receptor-negative) tumors, which tend to metastasize and spread more quickly than ER-positive tumors. The difference between African American women and Caucasian women persist even when statisticians adjust for every variable from body weight to education to the cancer treatment given. The researchers decided to study female populations in Africa and discovered that 77% of samples from Nigeria and Senegal were ER-negative. Concerns regarding how to draw distinctions among racial groups were raised in the article. The article suggests that environment can make a difference; rats that are socially isolated in life develop breast tumors 40% earlier and four times more often than do animals housed in groups. Concerns regarding racial stereotyping were raised.

Reviewer: Tannenbaum

Title: The ISSCR Guidelines for Human Embryonic Stem Cell Research

First Author: Daley, G; Zoloth, L; et. Al.

Citation: Science 2007; 315: 603-604

Summary: Discusses the current International Society for Stem Cell Research (ISSCR) guidelines, which, among other things, calls for: a) oversight of biomedical research; b) prohibits experiments that lack compelling scientific rationale or that "raise strong shared ethical concerns—in particular human reproductive cloning"; c) prohibits in vitro culture of human embryos beyond 14 days or the formation of the primitive embryonic streak; d) prohibits interbreeding of animals likely to harbor human gametes (this is not prohibited by US nAS guidelines and the articles discusses how such experiments might be justified to investigate the consequences of tissue repair on reproductive behavior or function and that one could do such experiments while guarding against fertilization by making sure the animals are sterile); e) requires explicit consent from donors; review to ensure that reimbursement of direct expenses does not constitute undue inducement; f) call for journal editors to require investigators attest to compliance with the ISSCR guidelines as a condition for publication and funding.

Reviewer: Tannenbaum, Julie

Title: "FDA Reports Drug Studies Backlog"

First Author: Couzin, Jennifer

Citation: Science 2007; 315: 749-749

Summary: A yearly update from US FDA shows that only 17% of companies monitor the safety and efficacy of therapies after they hit the market.
